



MISS/HOMELAND SECURITY GRANT DAMAGED, LOST, OR STOLEN EQUIPMENT REPORT

Date: _____

Recipient: _____

Recipient Contact: _____ Phone #: _____

Equipment Description: _____

Inventory Tag #: _____ Date of Last Physical Inspection: _____

Equipment Item Condition: _____ Damaged _____ Lost _____ Stolen

Date of Incident: _____

Police Report: _____yes _____no

If applicable, date of police report: _____ Report #: _____

Name of Police/Sheriff Department _____

Contact at Police/Sheriff Dept. _____ Phone # _____

Insurance Claim/Report: _____yes _____no

If applicable, date of claim/report: _____ Claim #: _____

Name of Insurance Company: _____

Contact at Insurance Company: _____ Phone # _____

Incident Narrative: _____

Representative Name – Printed

Representative Signature

Please mail to ICEMA, 515 North Arrowhead, San Bernardino, CA 92415-0600